MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

CLAIM	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIM	IND	DEP	IND	DEP	IND	DEP
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52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	25					
TOTAL CLAIMS	30					